



Las Vegas Business License Application

400 Stewart Ave., 3rd Floor, Las Vegas, NV 89101

(702) 229-6281 (Voice) - (702) 386-9108 (TDD)

Please type or print in black ink. Incomplete or illegible applications will not be accepted. Application must bear an original signature.

All information on this form is a public record

Mail ☐ Counter ☐

1	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Change of Location		<input type="checkbox"/> Change of Name		<input type="checkbox"/> Change of Corp. Officer		<input type="checkbox"/> Other _____			
2	Type of Entity:		<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Limited Liability Company					
3	Entity Name:								4	Corporate Phone:				
5	Business Name (d/b/a):								6	EIN #:				
7	Business Opening Date:				Hours of Operation:				8	Business Phone:				
9	Business Street Address:				10	Business Mailing Address:				11	Business Fax:			
										12	Cellular Phone:			
										13	E-mail Address:			
14	Owner, Manager or other Principal (attach additional pages if required)				Business Website:				Drivers License #:					
	Name: (Last, First)				Home Address: (P.O. Box Not Acceptable)				Date of Birth:					
	Title:		Percent Owned:		City, State & Zip Code:				Home Phone:					
	Name: (Last, First)				Home Address: (P.O. Box Not Acceptable)				Date of Birth:					
	Title:		Percent Owned:		City, State & Zip Code:				Home Phone:					
	Manager Name: (Last, First)				Home Address: (P.O. Box Not Acceptable)				Date of Birth:					
	Manager: On-Site <input type="checkbox"/> Off-Site <input type="checkbox"/>				City, State & Zip Code:				Home Phone:					
15	Alcohol sales		Yes <input type="checkbox"/> No <input type="checkbox"/>		Auto title loans		Yes <input type="checkbox"/> No <input type="checkbox"/>		Less than weekly		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Gaming		Yes <input type="checkbox"/> No <input type="checkbox"/>		Check cashing		Yes <input type="checkbox"/> No <input type="checkbox"/>		Kitchenette		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Tobacco sales		Yes <input type="checkbox"/> No <input type="checkbox"/>		Installment loans		Yes <input type="checkbox"/> No <input type="checkbox"/>		Coin operated laundry		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Used merchandise		Yes <input type="checkbox"/> No <input type="checkbox"/>		Entertainment		Yes <input type="checkbox"/> No <input type="checkbox"/>		Swimming pool		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Dance		Yes <input type="checkbox"/> No <input type="checkbox"/>		Sexually-oriented materials or activities		Yes <input type="checkbox"/> No <input type="checkbox"/>		Long term rental		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Sales		Yes <input type="checkbox"/> No <input type="checkbox"/>		Alcohol/drug counseling/treatment		Yes <input type="checkbox"/> No <input type="checkbox"/>		Amusement machines		Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Childcare		Yes <input type="checkbox"/> No <input type="checkbox"/>		Pawn		Yes <input type="checkbox"/> No <input type="checkbox"/>		Vending machines		Yes <input type="checkbox"/> No <input type="checkbox"/>			
16	Describe your specific business activity in detail:													
17	If this application is for a change of business name, business location, or business ownership, then list the previous name, address, & owner(s) below:													
18	I am aware of the obligation to provide timely notice of any changes in required information, and I have informed all owners, managers, or other principals of their criminal and/or civil responsibility for the timely fulfillment of all restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business. Per LVMC 6.02.080 (B) _____ (Initial)													
19	Several categories of business licenses require Nevada state licenses. All such principals are aware that failure to maintain required Nevada state licenses renders a city of Las Vegas business license invalid and thereafter any business activity would be unlawful. _____ (Initial)													
	As an authorized agent of the entity identified above, I certify the information provided on this form is true, correct, complete and current to the best of my knowledge and belief.													
20	Authorized Original Signature:				Print Name:				Date:					

Home Occupation Permit Application

Applicant must initial all conditions below and sign the application. If the applicant is not the property owner, the property owner must sign the application where indicated or otherwise give written permission for this use of the property. The Planning Director must be satisfied that the proposed home occupation will comply with the following standards.

- | | |
|---|---|
| <p>1.____ Only the occupants of the dwelling unit shall be engaged in the business activity approved for the Home Occupation Permit.</p> <p>2.____ No employees shall report to work or be dispatched from the property.</p> <p>3.____ There shall be no transacting of business or offers to transact business with customers or clients who have come to the property.</p> <p>4.____ There shall be no signage or other advertising of any kind, whether on the property or elsewhere, which advertises the address or physical location of the property or identifies the existence of a Home Occupation on the property. A home telephone number or a post office box may be advertised by any medium other than on-site language.</p> <p>5.____ No motor vehicle repair, paint or body work, commercial preparation of food for service on the premises, business related to or involving explosives, ammunitions or weapons, beauty parlor or barber shop, or ambulance or related emergency services shall be permitted as Home Occupation.</p> <p>6.____ A Home Occupation shall not create pedestrian, automobile or truck traffic in excess of the normal amount associated with residential uses in the district.</p> <p>7.____ A Home Occupation business shall be conducted exclusively within the main dwelling or within an accessory structure which has been approved for the Home Occupation Permit, except for horticultural activities.</p> <p>8.____ The number of on-site parking spaces shall not be reduced to less than two.</p> | <p>9.____ No Home Occupation business shall create or cause noise, dust, light, vibration, gas, fumes, toxic or hazardous materials, smoke, glare, electrical interference or other hazards or nuisances either on or off the premises.</p> <p>10.____ There shall be no electrical or mechanical equipment which is not normally found in a residential structure and no equipment found on the premises shall cause a change in the fire safety or occupancy classification of the dwelling unit.</p> <p>11.____ There shall be no outdoor storage or use of any toxic chemicals or hazardous materials of any type or in any amount not normally found in a residential structure.</p> <p>12.____ No more than one vehicle with a maximum capacity of one ton shall be used in connection with a Home Occupation Permit.</p> |
|---|---|

Applicant Signature: _____ Date _____

Property Owner Signature: _____ Date _____

Approved by: _____ Date _____

BSR: _____ Date _____

NV State License:	NV State Sales Tax Permit #:	S. NV. Health Permit # / Card Expiration:	
-------------------	------------------------------	---	--

Number of Coin-Operated Machines on Premises:	Performance / Surety / Cash Bond Amount
---	---

SUP #:	SUP #:	CC Date:	PC Date:	# of Massage Rooms	IWS:
--------	--------	----------	----------	--------------------	------

Square Footage	NLV License #	HN License #	CC License #		
----------------	---------------	--------------	--------------	--	--

Comments:

Metro SCOPE _____	Henderson SCOPE _____	NLV SCOPE _____	Police Letter _____
-------------------	-----------------------	-----------------	---------------------

TR#:	Date:	Amount:	
TR#:	Date:	Amount:	
TR#:	Date:	Amount:	
TR#:	Date:	Amount:	
TR#:	Date:	Amount:	

Approvals: 1 st Temporary	2 nd Temporary	3 rd Temporary	Final:
--------------------------------------	---------------------------	---------------------------	--------

Planning:	
-----------	--

Fire:	
-------	--

License:	
----------	--

City of Las Vegas Acknowledgement Addendum

Please read and then initial each line item below.

Business license applications will not be processed without this addendum.

Please retain a copy for your records.

_____ **Responsibility of Licensee** – It is the licensee's responsibility to notify this department of any changes that may occur to the business. Most changes require an application to be completed and a processing fee to be remitted at the time the application is submitted.

_____ **Home Occupation Permits** are only approved for the home location on the application. The Home Occupation Permit does not move to another residence. If you move to another residence, you must apply for a new Home Occupation Permit for the new location.

_____ **If you close your business**, you must complete the statement below and remit to City of Las Vegas, 400 Stewart Avenue 3rd Floor, Las Vegas Nevada 89101

_____ **Fees outstanding** on an existing business license must be paid prior to making any changes to the business license. If you are taking over the business license, these fees must be brought current. Should your business be under audit you may have additional liabilities when you take over operation of this business.

Signature

Date

Print Name

Name of Business

Title/Relationship to Business

City of Las Vegas License Number
(If known)

*******COMPLETE ONLY IF BUSINESS IS CLOSING*******

I am closing my business (Name of Business) _____

As of this date _____ License Number _____

Business Address _____

Signature of Business Owner _____

Printed name of Business Owner _____

As an authorized agent of the entity identified above, I certify the information provided on this form is true, correct, complete and current to the best of my knowledge and belief and that I have informed all principals of this information.

CITY OF LAS VEGAS
DEPARTMENT OF FINANCE & BUSINESS SERVICES
BUSINESS SERVICES DIVISION
400 STEWART AVENUE, LAS VEGAS, NV 89101
(702) 229-6281 VOICE
(702) 386-9108 TDD

BUSINESS LICENSE APPLICATION/CHILD SUPPORT SUPPLEMENT

Pursuant to the passage of Senate Bill 356 at the 1997 State Legislature, each new applicant is required to complete the following supplement regarding child support payments. Failure to mark one of the three questions will result in the denial of the application.

PLEASE MARK THE APPROPRIATE RESPONSE:

- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Name of Business

Business Address

Signature of Applicant

Date